

MATERIAL DIVULGED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

~~SECRET~~

FILE TITLE/NUMBER/VOLUME: Zamberekadly, Robert M.

INCLUSIVE DATES: 6 July 1956 - 15 Sept 1965

CUSTODIAL UNIT/LOCATION: SP

ROOM: 5E/3

DELETIONS, IF ANY:

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BIOGRAPHIC PROFILE

SECRET

Handle With Care

ORIGINAL - Biographical Profile

— See Simplified Copy in slot —

14-00000

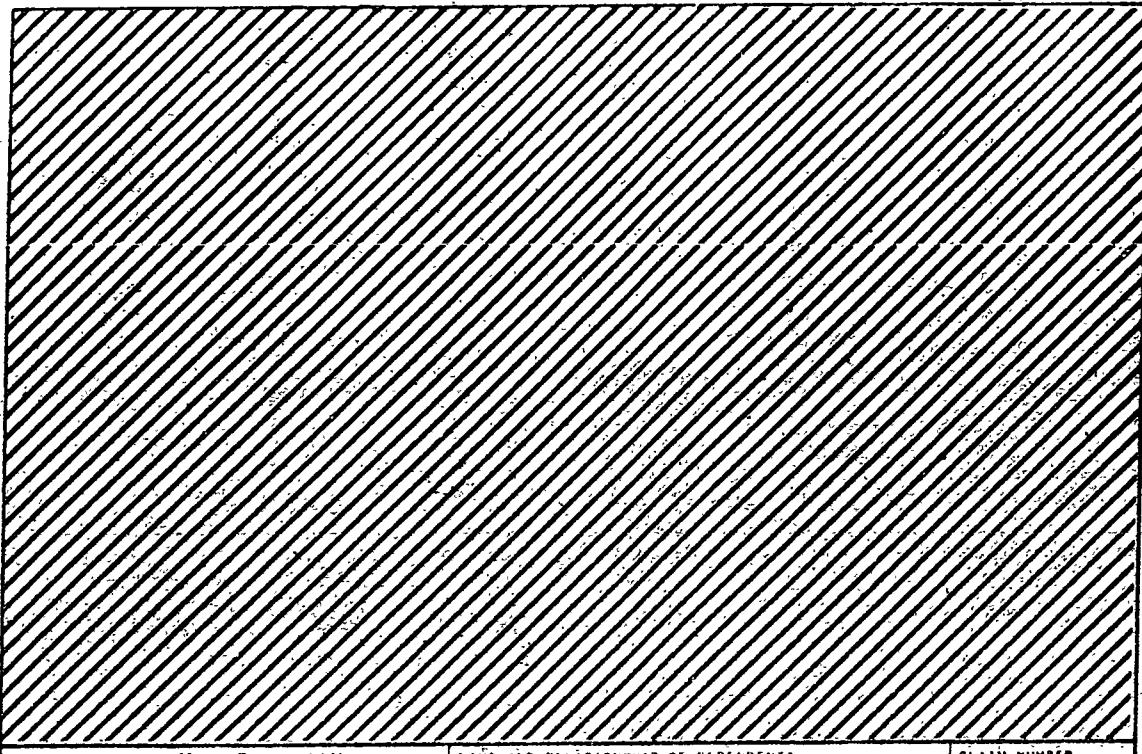
Personnel Actions concerning
Period After Mexico City
Assignment

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		15 June 1964			
022592		ZAMBERNARDI, Robert					
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS & REASSIGNMENT				4. EFFECTIVE DATE REQUESTED	5. CATEGORY OF EMPLOYMENT		
6. FUNDS		V TO V	V TO CF	MONTH DAY YEAR 07 05 64	REGULAR		
		X CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE 5225-0079 <i>1000</i>			
8. ORGANIZATIONAL DESIGNATIONS DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION				9. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.			
10. POSITION TITLE PHOTO GEN				11. POSITION NUMBER 0113	12. CAREER SERVICE DESIGNATION D		
13. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		14. OCCUPATIONAL SERIES (O-4) 1060.02	15. GRADE AND STEP 10 (3)	16. SALARY OR RATE \$8200			
17. REMARKS FROM: DDP/TSD FOREIGN FIELD MEXICO CITY							
Security Approval Granted by Pers. SD/OS <i>6/23/64</i> <i>City 7/1/64</i> Recorded by SD <i>SD</i>							
18. SIGNATURE OF REQUESTING OFFICIAL H. LEE OLSON			DATE SIGNED	19. SIGNATURE OF APPROVING OFFICER H. LEE OLSON, TSD/CMO	DATE SIGNED <i>6/23/64</i>		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE	21. O&P-OS CODE	22. STATION CODE	23. INSTITUTE CODE	24. INCOTERMS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEG.
16	10	41300	727	25013	1 05 09 35	10 04 19 70	10 04 19 70
28. NIE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE 1 - USE 3 - FAIR 5 - NONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	33. SECURITY PER. NO.	34. SEX	
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	36. SERV. COMM. DATE MO. DA. YR.	37. LONG. LIMP. DATA MO. DA. YR.	38. CAREER CATEGORY CAREER PROV/EMP	39. FECLY / HEALTH INSURANCE CODE 0 - WORKER 1 - 148	40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA				
45. POSITION CONTROL CERTIFICATION <i>Yous J. plus</i>			46. O.P. APPROVAL <i>E. Johnson</i>	DATE APPROVED <i>6/23/64</i>			

SECRET

(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zambernardi, Robert M.	Philip Edward - son	64-184

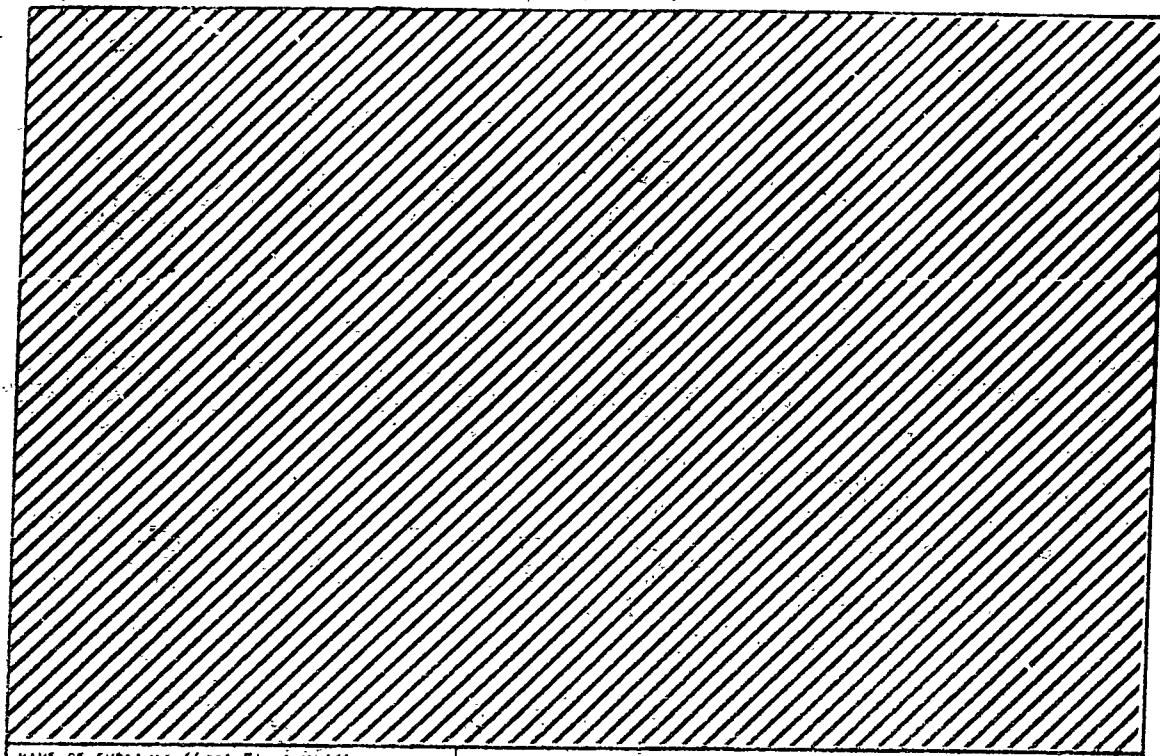
There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on Leg burn - 28 December 1963

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 10-17-1964	SIGNATURE OF DSD REPRESENTATIVE <i>B. Detalice</i>
NOTICE OF OFFICIAL DISABILITY CLAIM FILE	

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION							DATE PREPARED 2 April 1963		
1. SERIAL NUMBER		2. NAME (Last-First-Middle)							
022592		ZAMBERNARDI, ROBERT							
3. NATURE OF PERSONNEL ACTION							4. EFFECTIVE DATE REQUESTED		
PROMOTION 100%							MONTH	DAY	YEAR
							01	14	63
5. FUNDS		V TO V	V TO CF	7. COMT CENTER NO. CHARGE-AIRB		8. CATEGORY OF EMPLOYMENT			
		CF TO V	X CF TO CF	3125-5700-3007		REGULAR			
9. ORGANIZATIONAL DESIGNATIONS							10. LOCATION OF OFFICIAL STATION		
DDP/TSD Foreign Field Western Hemisphere Mexico							Mexico City, Mexico		
11. POSITION TITLE							12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION	
IC TECH AIDS							0575	D	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			0136.0163		10 (2)		\$7535		
18. REMARKS FID M: GS-9 (2) <i>PRA</i>									
<div style="text-align: right; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Recorded by CSPD <i>John</i> </div>									
19. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS				DATE SIGNED	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL JAMES R. SHIELDS, TSD/CMC				DATE SIGNED
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
21. ACTION CODE	20. EMP. OF. CODE	21. OFFICE CODE	22. STATION CODE	23. INITIATE CODE	24. END OF	25. DATE OF BIRTH	26. DATE OF SEPAR.	27. DATE OF LES	
22 10	1675	TS	45015	3	05	69/35			
28. DATE EXPIRE		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION/22 CORRECTION/CANCELLATION DATA				32. SEPAR. PRO. NO.	33. FEE
				DATA CODE	TYPE	MO	DA	MO	DA
35. VET. PREFERENCE		36. SERV. COMP. DATE	37. LENGTH COMP. DATE	38. MIL. SEPAR. REQUESTED	39. FED/HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE 1 - REG. 2 - 10 PT.		MO. DA.	MO. DA.	1 - YES 2 - NO	COD	0 - NEVER	1 - YES		
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE 1 - NO PREVIOUS SERVICE 2 - BREAK IN SERVICE 3 - PREV IN SERVICE (LESS THAN 12 MOS) 4 - BREAK IN SERVICE (MORE THAN 12 MOS)			FORM EXECUTED CODE 1 - FLS 2 - NO	45. TAX EXEMPTIONS		FORM EXECUTED 1 - YES 2 - NO	CODE	NO. FLS STATE CODE	
45. POSITION CONTROL CERTIFICATION			46. O.P. APPROVAL					DATE APPROVED	
5 APR 1963 <i>Chas</i>			<i>Paul C. Wilson</i>				5 APR 1963 <i>SAP 63</i>		

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
Zambonardi, Robert M	Daugherty, Son	63-460

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 22 February 1963 in Intestinal disorder.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE
8 January 1963	B. DeFelice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

(When Filled In)

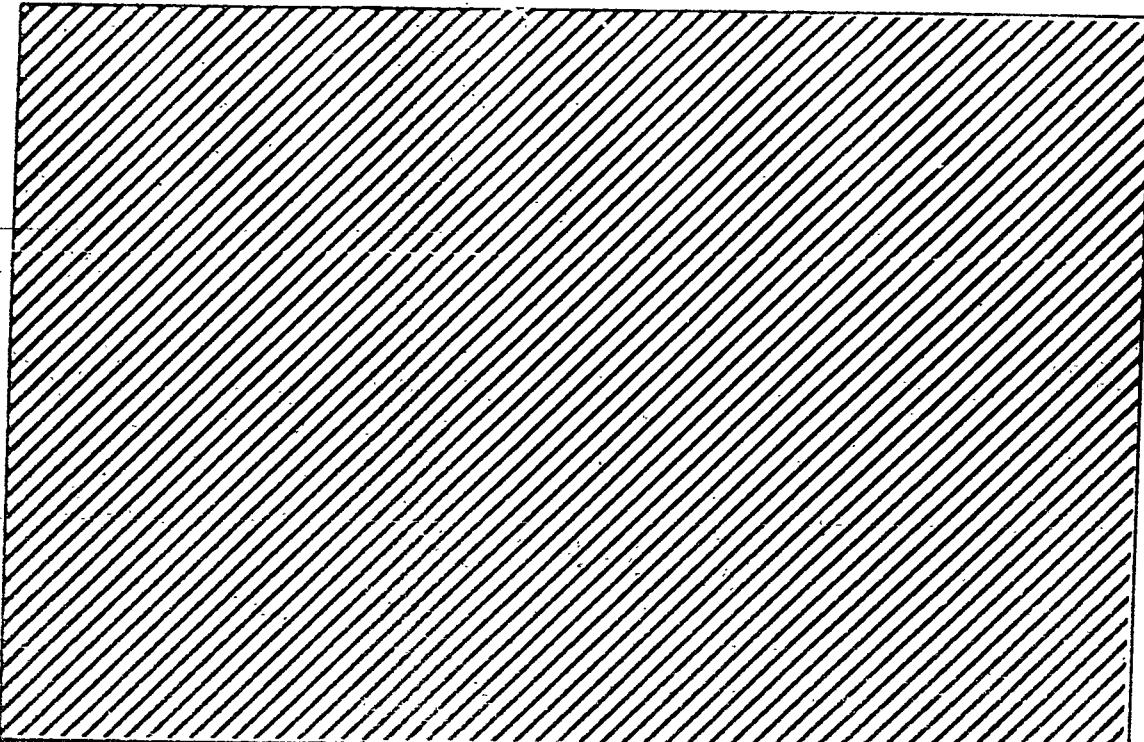
REQUEST FOR PERSONNEL ACTION					DATE PREPARED	
1. SERIAL NUMBER 022592	2. NAME (Last-First-Middle) ZAMBERNARDI, Robert				16 January 1962	
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 21 62	5. CATEGORY OF EMPLOYMENT REGULAR X X X X	
6. FUNDS ►	V TO V CP TO V	V TO CP X= CP TO CP	7. COST CENTER NO. CHARGEABLE 2125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD - Foreign Field Western Hemisphere Mexico				10. LOCATION OF OFFICIAL STATION Mexico City, Mexico		
11. POSITION TITLE IO TECH AIDS				12. POSITION NUMBER 0575	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LS, O&C.) GS		15. OCCUPATIONAL SERIES 0136.63		16. GRADE AND STEP W 9 (1)	17. SALARY OR RATE \$435	
18. REMARKS FROM: GS-8 (1)						
19. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS			DATE SIGNED	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICE OF PERSONNEL JAMES R. SHIELDS TSD/CMO		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
21. ACTION CODE 22 10	22. OFFICE CODING NUMBER 416575	23. POSITION CODE TS	24. INTEGRITY CODE 45075	25. DATE OF BORN 1951 09 15	26. DATE OF BORN 1962 1 21 62	27. DATE OF LS 1962 1 21 62
28. RIF EXPIRES MO. DAY. YR. 1 10 62	29. SPECIAL REFERENCE 3 - CSC 3 - FSC 3 - RSC	30. RETIREMENT DATE MO. DAY. YR. 30 01 62	31. SEPARATION DATA CODE 3000	32. SEPARATION PAYMENT DATA MO. DAY. YR. 30 01 62	33. SECURITY REQ. NO. 3000	34. SEA REQ. NO.
35. RET. PREFERENCE CODE 0 - NO 1 - 5 MO. 2 - 10 MO.	36. SERV. COMP. DATE MO. DAY. YR. MO. DAY. YR.	37. TELLING, CMO, DATE MO. DAY. YR.	38. MIL. SERV. CODE 1 - YES 2 - NO	39. MED. INSURANCE CODE 1 - YES 2 - NO	40. MED. INSURANCE CODE 1 - YES 2 - NO	41. SOCIAL SECURITY NO.
42. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO ADVICE IN SERVICE 2 - ADVICE IN SERVICE (LESS THAN 12 MO.) 3 - ADVICE IN SERVICE (MORE THAN 12 MO.)		43. LEAVE DATA CODE 1 - NO 2 - YES	44. FEDERAL PAY DATA CODE 1 - NO 2 - YES		45. STATE PAY DATA CODE 1 - NO 2 - YES	
46. POSITION CONTROL CERTIFICATION MR 12962				47. O.P. APPROVAL 16 Jan 1962		DATE APPROVED 16 Jan 1962

SECRET
(When Filled In)

NAME OF EMPLOYER (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
ZAMBARDI, Robert	Wife - Martha Cecilia	61-286
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>3 March 1961</u> - Leiomios of Uterus</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET

(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	CLASSIFICATION	CASE OR CLAIM NUMBER
Barberardi, Robert M.	Dependent Wife Martha	55-226

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 16 February 1960.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF REPORTER
8 April 1960	<i>B. De Telice</i>

NOTICE C OFFICIAL DISABILITY CLM FILE

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER	2. NAME (Last-First-Middle)					15 Dec 1960	
522592	ZAMBERNARDI, Robert						
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE REQUESTED	
PROMOTION						MONTH DAY YEAR 12 15 '60	
5. FUNDS	V TO V	V TO CF				6. CATEGORY OF EMPLOYMENT	
		X	CF TO V			REGULAR	
7. COST CENTER NO. CHARGEABLE						8. LEGAL AUTHORITY (Completed by Office of Personnel)	
1125-5700-3007							
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION	
DDP/TSD Western Hemisphere MEXICO						Mexico, City, Mexico	
11. POSITION TITLE						12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
IO TECH AIDS						575	D 3
14. CLASSIFICATION SCHEDULE (GS, LS, ETC.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE			
GS-8		0136.63	08 01	\$ 5885			
18. REMARKS							
18A. SIGNATURE OF REQUESTING OFFICIAL				18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
JAMES R. SHIELDS				JAMES R. SHIELDS TSD/CMO			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION NUMBER CODE		20. OFFICE SYMBOL	21. STATION CODE	22. MONTH, DAY, YEAR 1960	23. DAY, MONTH, YEAR 1960	24. DAY, MONTH, YEAR 1960	25. DAY, MONTH, YEAR 1960
46575 44555		TS	EX-A	3 05 60	3 05 60	3 05 60	3 05 60
26. DATE OF BIRTH		27. DATE OF HIRE	28. DATE OF SEPARATION	29. DATE OF SEPARATION	30. DATE OF SEPARATION	31. DATE OF SEPARATION	32. DATE OF SEPARATION
MM DD YY		MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY
33. R.R. PREFERENCE		34. GRADE, PAY, DATE	35. GRADE, PAY, DATE	36. GRADE, PAY, DATE	37. GRADE, PAY, DATE	38. GRADE, PAY, DATE	39. GRADE, PAY, DATE
CODE		NO. 11 NO. 12 NO. 13 NO. 14 NO. 15 NO. 16 NO. 17 NO. 18 NO. 19 NO. 20 NO. 21 NO. 22 NO. 23 NO. 24 NO. 25 NO. 26 NO. 27 NO. 28 NO. 29 NO. 30 NO. 31 NO. 32 NO. 33 NO. 34 NO. 35 NO. 36 NO. 37 NO. 38 NO. 39 NO. 40 NO. 41 NO. 42 NO. 43 NO. 44 NO. 45 NO. 46 NO. 47 NO. 48 NO. 49 NO. 50 NO. 51 NO. 52 NO. 53 NO. 54 NO. 55 NO. 56 NO. 57 NO. 58 NO. 59 NO. 60 NO. 61 NO. 62 NO. 63 NO. 64 NO. 65 NO. 66 NO. 67 NO. 68 NO. 69 NO. 70 NO. 71 NO. 72 NO. 73 NO. 74 NO. 75 NO. 76 NO. 77 NO. 78 NO. 79 NO. 80 NO. 81 NO. 82 NO. 83 NO. 84 NO. 85 NO. 86 NO. 87 NO. 88 NO. 89 NO. 90 NO. 91 NO. 92 NO. 93 NO. 94 NO. 95 NO. 96 NO. 97 NO. 98 NO. 99 NO. 100 NO. 101 NO. 102 NO. 103 NO. 104 NO. 105 NO. 106 NO. 107 NO. 108 NO. 109 NO. 110 NO. 111 NO. 112 NO. 113 NO. 114 NO. 115 NO. 116 NO. 117 NO. 118 NO. 119 NO. 120 NO. 121 NO. 122 NO. 123 NO. 124 NO. 125 NO. 126 NO. 127 NO. 128 NO. 129 NO. 130 NO. 131 NO. 132 NO. 133 NO. 134 NO. 135 NO. 136 NO. 137 NO. 138 NO. 139 NO. 140 NO. 141 NO. 142 NO. 143 NO. 144 NO. 145 NO. 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NO. 8087 NO. 8088 NO. 8089 NO. 8090 NO. 8091 NO. 8092 NO. 8093 NO. 8094 NO. 8095 NO. 8096 NO. 8097 NO. 8098 NO. 8099 NO. 80100 NO. 80101 NO. 80102 NO. 80103 NO. 80104 NO. 80105 NO. 80106 NO. 80107 NO. 80108 NO. 80109 NO. 80110 NO. 80111 NO. 80112 NO. 80113 NO. 80114 NO. 80115 NO. 80116 NO. 80117 NO. 80118 NO. 80119 NO. 80120 NO. 80121 NO. 80122 NO. 80123 NO. 80124 NO. 80125 NO. 80126 NO. 80127 NO. 80128 NO. 80129 NO. 80130 NO. 80131 NO. 80132 NO. 80133 NO. 80134 NO. 80135 NO. 80136 NO. 80137 NO. 80138 NO. 80139 NO. 80140 NO. 80141 NO. 80142 NO. 80143 NO. 80144 NO. 80145 NO. 80146 NO. 80147 NO. 80148 NO. 80149 NO. 80150 NO. 80151 NO. 80152 NO. 80153 NO. 80154 NO. 80155 NO. 80156 NO. 80157 NO. 80158 NO. 80159 NO. 80160 NO. 80161 NO. 80162 NO. 80163 NO. 80164 NO. 80165 NO. 80166 NO. 80167 NO. 80168 NO. 80169 NO. 80170 NO. 80171 NO. 80172 NO. 80173 NO. 80174 NO. 80175 NO. 80176 NO. 80177 NO. 80178 NO. 80179 NO. 80180 NO. 80181 NO. 80182 NO. 80183 NO. 80184 NO. 80185 NO. 80186 NO. 80187 NO. 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14-00000

1. *Pyrrhuloxia* *pyrrhula* *pyrrhula* *pyrrhula*
2. *Pyrrhuloxia* *pyrrhula* *pyrrhula* *pyrrhula*

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 19 August 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) TSD	ZAMBERNARDI, Robert M.
ATTN:	Personnel	FILE NO. 4954
REF:	Resignee Backstop debriefing	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		EMPLOYEE NO.
Technical Services Group, Provisional		

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> Block Records: (FORM NO 20-800-11)	Resignation effective 20 Aug 65
a. Temporarily for _____ days, effective _____	
b. Continuing, effective _____ EOD Jul 56	
<input type="checkbox"/> NA	Submit Form 642 to change limitation category. (HB 20-7)
<input type="checkbox"/> NA	Ascertain that Army W-2 being issued. (HB 20-362-1)
<input type="checkbox"/> NA	Submit Form 1322 for any change affecting this cover. (R 240-310)
<input type="checkbox"/> NA	Submit Form 1323 for transferring cover responsibility. (R 240-350)
<input checked="" type="checkbox"/> Remarks:	
<input checked="" type="checkbox"/> Cover Hist	

Forwarding Address:
c/o American Embassy
Mexico City, Mexico
Employment Address:
UNKNOWN

James J. Franklin

MAIL COPY MILITARY COVER REC

DISPOSITION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D-OS, Copy 4-1/2/3/4/5/6, Copy 5-PSD/OS, Copy 6-File

SECRET
(When Filled In)

NIM: 25 AUG 65

NOTIFICATION OF PERSONNEL ACTION														
REF														
1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)													
022592	ZAMBERNARDI ROBERT													
3. NATURE OF PERSONNEL ACTION														
RESIGNATION														
4. FUND	V TO V	V TO E	5. EFFECTIVE DATE		6. CATEGORY OF EMPLOYMENT									
		X	08 20 65		REGULAR									
7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY												
6125 0079 0000														
9. ORGANIZATIONAL DESIGNATIONS														
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION														
10. LOCATION OF OFFICIAL STATION				WASH., D. C.										
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION								
PHOTOG GEN				0113		D								
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE							
GS			1060.02		11 3		9240							
18. REMARKS														
COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C.														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL														
19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CODING	22. STATION CODE	23. INSTITUTION CODE	24. HIRING CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF END						
45	10	NUMERIC ALPHABETIC				05 09 35								
28. RETIREMENT	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA	33. SECURITY REG. NO.	34. SEX								
40 44 49	REGULAR EX-EMPLOYEE 4. NAME	CODE	CODE	TYPE	40 44 49	REG. NO.								
35. RET. PREFERENCE	36. SSN/EMP. DATE	37. LONG EMP. DATE	38. EMPLOYEE CATEGORY	39. FEGL/DESEA INSURANCE	40. SOCIAL SECURITY NO.									
CODE	40 44 49	40 44 49	40 44 49	CODE	40 44 49									
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAP. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA											
NOTE: 1. NO PREVIOUS SERVICE 2. 10 YEARS OR SERVICE 3. 20 YEARS IN SERVICE (LESS THAN 10 yrs) 4. 30 YEARS IN SERVICE (MORE THAN 10 yrs)		40 44 49	40 44 49											
SIGNATURE OR OTHER AUTHENTICATION														
J. J. G.														

SECRET
(When Filled In)

ARMY AF AFSC 60

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
022502		ZAMBERNARDI, ROBERT							
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
PROMOTION* (CORRECTION)*		04 11 63		REGULAR					
6. FUNDS		V TO V	V TO C	7. COST CENTER NO. CHARGEABLE		8. USC OR OTHER LEGAL AUTHORITY			
		OF TO V	X	0125 5700 3197		50 USC 403			
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION							
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO		MEXICO CITY, MEXICO							
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION					
10 TECH A10S		0575		D					
14. CLASSIFICATION SCHEDULE (SS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0136.63		10 2		7535			
18. REMARKS *THIS CORRECTS FORM 1150, EFFECTIVE 04/11/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "1136.01" TO READ "0136.63."									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION	20. ENDORSE	21. OFFICE CODING	22. SECTION	23. INSTITUTE	24. Height	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
CODE	Code	ALPHANUMERIC	CODE	CODE	Code	MO DA YR	MO DA YR	MO DA YR	
22. HIRE EXPIRES	23. SPECIAL	24. RETIREMENT DATE	25. SEPARATION	26. CORRECTION/CANCELLATION DATA	27. SECURITY	28. SEE			
MO DA YR	REFERENCE	CODE	DATA CODE	TYPE	REF ID	REQ ID			
29. VET PREFERENCE	30. SERV COOP DATES	31. LONG COOP. DATE	32. CARRIER	33. EFFECT / HEALTH INSURANCE	34. SOCIAL SECURITY NO				
CODE	MO DA YR	MO DA YR	CARRIER	CODE	0-MAILED	MAILING CODE			
37. PREVIOUS GOVERNMENT SERVICE DATA	38. STATE CAT	39. FEDERAL TAX DATA	40. STATE TAX DATA						
CODE	CODE	CODE	CODE	1-EXEMPT	2-EXEMPT	3-EXEMPT	4-EXEMPT	5-EXEMPT	6-EXEMPT
1. NO PREVIOUS SERVICE		1. YES	1. YES	1. YES	2. NO	2. NO	3. NO	4. NO	5. NO
2. NO BREAK IN SERVICE									
3. BREAK IN SERVICE LESS THAN 1 YEAR									
4. BREAK IN SERVICE GREATER THAN 1 YEAR									
SIGNATURE OR OTHER AUTHENTICATION									
POSTED 15 APR 1963 [Signature]									

FORM 1150 APR 1963 U.S. Previous Edition

SECRET

100-1
FEDERAL GOVERNMENT
REGISTRATION
STAMPS(4-64)
DODGEN FILLED IN

SECRET
(When Filled In)

AFM: 11 APR 63

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)											
022592		ZAMBERHARDI ROBERT											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
PROMOTION				MO. DA. YR		REGULAR							
6. FUNDS		V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
		CP TO V	X	3125 5700 3007		50 USC 4103 J							
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION									
DOD TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO				MEXICO CITY, MEXICO									
11. POSITION TITLE				12. POSITION NUMBER			13. SERVICE DESIGNATION						
10. TECH AIDS				0675			D						
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE						
GS			0130.01		10 2		7535						
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. Employee Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Height	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF REI				
20	11	16-75	TS	16075		3	MO DA YR	MO DA YR	MO DA YR				
28. REI EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. EOD DATA	34. SECURITY REG. NO.	35. SEC	36. SECURITY REG. NO.				
MO DA YR		10 10 10	10 10 10	10 10 10	10 10 10	10 10 10	10 10 10	10 10 10	10 10 10				
37. VET. PREFERENCE	38. SERV. COUP. DATE	39. LONG. COUP. DATE	40. CAREER CATEGORY	41. FEGL / HEALTH INSURANCE	42. SOCIAL SECURITY NO								
CONT	0. NONE 1. 10% 2. 100%	MO DA YR	MO DA YR	CODE	CODE	0. WAVER 1. YES	CODE						
43. PREVIOUS GOVERNMENT SERVICE DATA													
44. CODE	45. NO. PREVIOUS SERVICE		46. NO. BREAK IN SERVICE		47. LEAVE CAT.		48. FEDERAL TAX DATA	49. STATE TAX DATA	50. STATE TAX CODE				
	1. NO PREVIOUS SERVICE		2. NO BREAK IN SERVICE		3. LEAVE CAT.		CODE	CODE	CODE				
	1. NO PREVIOUS SERVICE		2. NO BREAK IN SERVICE		3. LEAVE CAT.		1. YES 2. NO	1. YES 2. NO	1. YES 2. NO				
51. SIGNATURE OR OTHER AUTHENTICATION													
15 APR 1963													

Form 1150 11 APR 1963 Use Previous Edition

SECRET

14-00000
15 APR 1963
(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCE
VERBALLY DATED 1 AUGUST 1946, SALARY IS ADJUSTED AS FOLLOWS.
EFFECTIVE 9 JANUARY 1946.

NAME	SERIAL	DEPT FUNDS	GR-S-T	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41 575	OF GS 10 2	\$ 7,535	\$ 7,945

SECRET
(When Filled In)

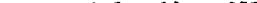
BWS: 19 JAN 62

NOTIFICATION OF PERSONNEL ACTION												
OCF												
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)											
022592	ZAMBERNARDI ROBERT											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT							
PROMOTION				01 21 62	REGULAR							
6. FUNDS	V TO V	V TO OF			7. COST CENTER NO CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY						
	X	X			2125 5700 3007	50 USC 403 J						
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION								
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO				MEXICO CITY, MEXICO								
11. POSITION TITLE				12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION							
10 TECH AIDS				0575	D							
14. CLASSIFICATION SCHEDULE GS-10, etc.			15. OCCUPATIONAL SERIES		16. GRADE AND STEP	17. SALARY OR RATE						
GS			0136.01		09 1	6435						
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION	20. EMPLOYER	21. OFFICE CODING	22. STATION	23. INTEGRITY	24. HOURS	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEE				
CODE	Code	ALPHABETIC	CODE	CODE	CODE	MM DD YY	MM DD YY	MM DD YY	MM	DD	YY	
22	10	40575	TS	45075	3	05 09 35	01 21 62	01 21 62	01	21	62	
28. LEE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION-CANCELLATION DATA	33. SECURITY REQ NO	34. SEX						
MM DD YY	1 CSC 2 FICA 3 NONE	CODE	TYPE	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	
35. VET PREFERENCE	36. EVER SOUP DATE	37. USNG CLRP DATE	38. MIL SERV CREDITED	39. FEDLT / HEALTH INSURANCE	40. SOCIAL SECURITY NO							
CODE	MM DD YY	MM DD YY	1 YES 2 NO	CODE	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT	43. FEDERAL TAX DATA	44. STATE TAX DATA									
CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	
1. NO PENSION CREDITS 2. NO RETIREMENT 3. RETIREMENT BENE LESS THAN 12 MOS 4. RETIREMENT BENE MORE THAN 12 MOS	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION												
POSTED 1/25/62 OM												

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 709 AND
DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 16 OCTOBER 1962.

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST	OLD SALARY	NEW GR-ST	NEW SALARY
ZAMBERNARDI ROBERT	222392	46573	CF 09 1	\$ 6432	99 1	\$ 6673	

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS
OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE:  DATE 

PAY CHANGE NOTIFICATION

Term 2-31 560 Obsolete Previous Edition

1481

SECRET
(When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
22592		ZAMPERIARDI, ROBERT		101/TSD 10		UV				
5. OLD SALARY RATE		6. NEW SALARY RATE		7. TYPE ACTION						
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PER	LAI	ADJ.
15	08	1 S 5,881	12/25/61	18	2	5 6,051	12/24/61			
8. Remarks and Authorization										
/ / IN LWOP STATUS AT END OF WAITING PERIOD										
/ / NO EXCESS LWOP										
/ / IN PAY STATUS										
PAY CHANGE NOTIFICATION										

IN LEOP STATUS AT END OF WAITING PERIOD

1 1 NO EXCESS LWD

IN PAY STATION 888 688 958 8-3 988 106

23
BLT: 28 DEC 1960SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
OCF												
1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)											
022592	ZAMBERNARDI ROBERT											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT							
PROMOTION				MO DA YR	REGULAR							
6. FUNDS ➡	V TO V	V TO CP		12 25 60								
	CP TO V	X	CP TO CP	7. COST CENTER NO. CHARGEABLE				8. GS OR OTHER LEGAL AUTHORITY				
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION								
DDP, TSO WESTERN HEMISPHERE MEXICO				MEXICO CITY, MEXICO								
11. POSITION TITLE				12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION							
10 TECH AIDS				0575	D							
14. CLASSIFICATION SCHEDULE (GS, WB, etc)			15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE							
GS			0136.63	08 1	5885							
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. Employ Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Hdrgr. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LE			
22	10	46575	TS	45075	3	05	09 35	12 25 60	12 25 60			
28. HIRE DATE		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO.	34. SEX		
MO DA YR		1. CSC 2. FICA 3. SSI/SS		CODE		DATA CODE	TYPE	NO. DA. YR	EOB DATA ➡	REG NO.		
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. MIL. SERV. CREDIT/LCO	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE		0 - NONE 1 - VET 2 - 100%	MO DA YR	MO DA YR	MO DA YR	CODE	CODE	0 - WAIVED 1 - YES	HEALTH INS CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA						
CODE				1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 12 MOS) 4 - BREAK IN SERVICE (MORE THAN 12 MOS)	FORM EXECUTED	CODE	NO TAX EXEMPTIONS		FORM ASSOCIATED	CODE	NO TAX EXEMP	STATE CODE
				1 - YES 2 - NO				1 - YES 2 - NO				
SIGNATURE OR OTHER AUTHENTICATION												
POSTED M. J. 12-25-61												

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES: 17 APRIL 1959

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vol. Prof.	5. Sex	6. CS - POD
522592	ZAMBERNARDI ROBERT			Mo. Da. Yr.	None-O Code		Mo. Du. Yr.
7. SCD	8. CSC Retire. 9. CSC Or Other Legal Authority			35	5 Pi-1 10 Pi-2	1	07 30 56
Mo. Da. Yr.	Yes - 1 No - 2	Code	Mo. Du. Yr.	Yes - 1 No - 2	Code	Mo. Da. Yr.	Yes - 1 No - 2
08 02 54	1	50 USCA 403		1	07	30 56	2

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code	15. Location Of Official Station		Station Code
DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR		4448	WASH.D.C.		75013
16. Dept. - Field	17. Position Title		18. Position Fls.	19. Serv.	20. Occup. Series
Dept - 1 USMId - 3 Frgn - 3	Code 2	PHOTOG GEN	0513	GS	1060.02
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PS Due	26. Appropriation Number
07 1	\$ 4980	DT	Mo. Da. Yr. 12 28 58	Mo. Da. Yr. 12 27 59	9 2500 25 007

ACTION

27. Nature Of Action		Code	28. Eff. Date.	29. Type Of Employee	Code	30. Separation Date
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		05	Mo. Da. Yr. 04 19 59	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations		Code	32. Location Of Official Station		Station Code
DDP 133 FOREIGN FIELD WESTERN HEMISPHERE - MEXICO		4455	MEXICO		45000
33. Dept. - Field	34. Position Title		35. Position Fls.	36. Serv.	37. Occup. Series
Dept - 1 USMId - 3 Frgn - 5	Code 5	10 TECH AIDS	0513	GS	0136.63
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PS Due	43. Appropriation Number
07 1	\$ 4980	DT	Mo. Da. Yr. 12 28 58	Mo. Da. Yr. 12 27 59	9 2500 25 007

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED

26-568

NOV
1961
SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER CSD 22592	
SECTION A				GENERAL	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
ZAMBERNARDI, Robert M.		9 May 1935		M	GS-8
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT	
KURIOT		10. TECH AIDS		WH/III/MEXI	
8. CAREER STAFF STATUS				9. TYPE OF REPORT	
NOT ELIGIBLE	X	NUMBER	REFERRED	INITIAL	REASSIGNMENT/SUPERVISOR
PENDING		DECLINED	DENIED	X ANNUAL	REASSIGNMENT/EMPLOYEE
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)	
31 August 1961		From 7/1/60 - 6/30/61			
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior
		RATING NO.			RATING NO.
		6			5
		RATING NO.			RATING NO.
		5			5
		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.
		6			
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO.
					5
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which such characteristic applies to the employee.					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPLI- CARBLE	NOT ON DUTY SERVED	RATING
GETS THINGS DONE					X
RESOURCEFUL					X
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X
WRITES EFFECTIVELY					X
SECURITY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X
OTHER (Specify):					
SEE SECTION "E" ON REVERSE SIDE					

SECRET
(When Filled In)

OFFICE OF PERSONNEL

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

201 PH '61

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

_____ was commended by COS, Mexico in January 1961 and a review of this file should include a review of HMMT-1798 dated 12 January 1961.

SECTION F

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE SIGNATURE OF EMPLOYEE

13 September 1961 /s/ Robert M. Zambernardi

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

12 months

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

13 September 1961 Deputy Chief of Station /s/ in pseudo

3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE

13 September 1961 Chief of Station /s/ in pseudo

SECRET

14-00000

Fitness Reports for period after, and
Personnel Actions for period prior to
Arrival Mexico City

SECRET
(When Filled In)

29 DEC 1965 FITNESS REPORT				153		EMPLOYEE SERIAL NUMBER		
						22592		
SECTION A								
GENERAL								
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX		4. GRADE	
ZAMBERNARDI Robert			9 May 1935		M		GS-7	
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT			
KURIOT		10 TECH AIDS			KURIOT/Mexico			
8. CAREER STAFF STATUS			9. TYPE OF REPORT					
NOT ELIGIBLE	MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR				
PENDING	DECLINED	DENIED	X ANNUAL	REASSIGNMENT/EMPLOYEE				
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)				
SECTION B								
EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES								
<p>List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p>								
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent		
5 - Excellent		6 - Superior		7 - Outstanding				
RATING NO.				RATING NO.				
5				4				
6				4				
5				6				
SECTION C								
EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION								
<p>Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.</p>								
<p>1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.</p>								
RATING NO.								
4								
SECTION D								
DESCRIPTION OF THE EMPLOYEE								
<p>In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.</p>								
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		
5 - Outstanding degree								
CHARACTERISTICS				NOT APPLI-CABLE	NOT OBSERVED	RATING		
						1	2	
						3	4	
						5		
GIVES THINGS DONE							X	
RESOURCEFUL							X	
ACCEPTS RESPONSIBILITIES							X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X	
DOES HIS JOB WITHOUT STRONG SUPPORT							X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X	
WRITES EFFECTIVELY							X	
SECURITY CONSCIOUS							X	
THINKS CLEARLY							X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X	
OTHER (Specify):				REVERSE SIDE				

1960/1024

SECRET
(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

DEC 29 11 04 AM '60

MAIL ROOM

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

27 Oct 1960

SIGNATURE OF EMPLOYEE

Subject signed form 45a in pseudo.

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

27 Oct 1960

Winston Scott

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)CLASSIFIED
13 AUG 1958

13 AUG 1958

FITNESS REPORT				EMPLOYEE SERIAL NUMBER										
GENERAL				122592										
SECTION A														
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE									
ZAMBERNARDI Robert M.		9 May 1935		M	GS-7									
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT										
DT		PHOTOG GEN		DDP/TSS/TA/PSD										
8. CAREER STAFF STATUS			9. TYPE OF REPORT											
NOT ELIGIBLE <input checked="" type="checkbox"/> PENDING	MEMBER <input type="checkbox"/> DECLINED	DEFERRED <input type="checkbox"/> DENIED	INITIAL <input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/SUPERVISOR REASSIGNMENT/EMPLOYEE										
10. DATE REPORT DUE IN O.P. 30 June 1959		11. REPORTING PERIOD Dec 1958 to Jun 1959		SPECIAL (Specify)										
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES														
<p>List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p>														
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior									
7 - Outstanding														
<table border="1"> <tr> <td>ATING NO. 3</td> <td></td> <td>ATING NO. 4</td> </tr> <tr> <td>ATING NO. 4</td> <td></td> <td>ATING NO. 5</td> </tr> <tr> <td>ATING NO. 4</td> <td></td> <td>ATING NO. 3</td> </tr> </table>		ATING NO. 3		ATING NO. 4	ATING NO. 4		ATING NO. 5	ATING NO. 4		ATING NO. 3				
ATING NO. 3		ATING NO. 4												
ATING NO. 4		ATING NO. 5												
ATING NO. 4		ATING NO. 3												
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION														
<p>Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.</p>														
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4									
SECTION D DESCRIPTION OF THE EMPLOYEE														
<p>In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.</p>														
1 - Lowest possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree										
CHARACTERISTICS			NOT APPLI- CABLE	NOT OBS- ERVED	RATING									
GETS THINGS DONE					XX									
RESOURCEFUL					XX									
ACCEPTS RESPONSIBILITIES					XX									
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					XX									
DOES HIS JOB WITHOUT STRONG SUPPORT					XX									
FACILITATES SMOOTH OPERATION OF HIS OFFICE					XX									
WRITES EFFECTIVELY		XX												
SECURITY CONSCIOUS					XX									
THINKS CLEARLY					XX									
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS	XX													
OTHER (Specify):														
SEE SECTION "E" ON REVERSE SIDE														

SECRET

(When Filled In)

SECTION E**HARRAETIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in **SECTIONS B, C, and D** to provide the best basis for determining future personnel actions.

SUBJECT'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

SECTION F**CERTIFICATION AND COMMENTS****1.****BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

SIGNATURE OF EMPLOYEE

2.**BY SUPERVISOR**MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

12

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION.

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

25 JUNE 1959

C/TSS/PSD/OSL

3.**BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THEIR EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

25 JUNE 1959

I. O. TECH. AIDS

SECRET

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 122592	
SECTION A			GENERAL				
1. NAME ZAMBERNARDI Robert	(Last)	(First)	(Middle)	2. DATE OF BIRTH 5 Sept 1935	3. SEX M	4. GRADE GS-5	
5. SERVICE DESIGNATION DT	6. OFFICIAL POSITION/TITLE PHOTOG GEN			7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PD			
8. CAREER STAFF STATUS			9. TYPE OF REPORT				
<input checked="" type="checkbox"/> NOT ELIGIBLE	MEMBER	DEFERRED	<input checked="" type="checkbox"/> INITIAL	REASSIGNMENT/SUPERVISOR			
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P. December 1958	11. REPORTING PERIOD Dec 1957 to Dec 1958			12. SPECIAL (Specify) Also Promotion			
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding	
			RATING NO. INTERNS 3				RATING NO. 4
			RATING NO. 4				RATING NO. 4
			RATING NO. 3	SPECIFIC DUTY NO. 6			RATING NO. 4
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.							
<ul style="list-style-type: none"> 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. 							RATING NO. 4
SECTION D DESCRIPTION OF THE EMPLOYEE							
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee							
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree			
CHARACTERISTICS				NOT APPLI-CABLE	NOT OB-SERVED	RATING	
						1	2
GETS THINGS DONE						X	
RESOURCEFUL						X	
ACCEPTS RESPONSIBILITIES						X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X	
DOES HIS JOB WITHOUT STRONG SUPPORT						X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X	
WRITES EFFECTIVELY				X			
SECURITY CONSCIOUS						X	
THINKS CLEARLY						X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				X			
OTHER (Specify):							

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, rating given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

8

Subject on leave, will be shown to him later

3.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

23/12/58

OFFICIAL TITLE OF SUPERVISOR

C/TSS/PSD/CSC

4.

BY REVIEWING OFFICIAL

X

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

X

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

X

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

X

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE

23 DECEMBER 1958

OFFICIAL TITLE OF REVIEWING OFFICIAL

DC/TSS/PSD

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

14-00000

Fitness Reports and other
Personnel Documents Didn't Period
prior his Assignment to Mexico City